

CITY OF MOUNTAIN VIEW

SENIOR ADVISORY COMMITTEE (SAC) APPLICATION

266 ESCUELA AVENUE • POST OFFICE BOX 7540 • MOUNTAIN VIEW, CALIFORNIA, 94039-7540 •
650-903-6330

(Print or Type)

Name: _____ Bus. Phone (____) _____
 First Middle Last

Home Address: _____ Zip Code _____

E-mail: _____ Res. Phone (____) _____

Years in Mountain View: _____ Are you a registered voter in Mountain View? ☐ Yes ☐ No

Present Employer: _____ Your Occupation: _____

Employer's Address: _____

Briefly describe the qualifications you possess (such as employment or community experiences and education) which you feel would be an asset to the Senior Advisory Committee.

List the community organizations in which you have participated and describe participation.

I have sufficient time to devote to this responsibility and plan to attend the required meetings (third Wednesday of the month from 2:00 p.m. to 4:00 p.m.) if appointed. I understand that if I am appointed and a Disclosure of Assets Statement is required by State Law or Council Policy, I shall do so.

Signature _____ Date: _____

Mail directly to the Mountain View Senior Center, Post Office Box 7540, Mountain View, California, 94039-7540, or e-mail with an original signature to *michele.petersen@mountainview.gov*.

APPLICATIONS ARE DUE 12:00 NOON FRIDAY, FEBRUARY 12, 2010